

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

Mi Familia Vota Civic Participation Campaign

(b) Address (number and street) ☐ check if different than previously reported

2525 W. Alameda Ave.

(c) City, State and ZIP Code

Denver

CO

80219

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30001820

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 1 0

through

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 1 0

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 1 0

(b) Communication Title

Issue Comparison: Education, Economy, et

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☒ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☒No ☐

8. Custodian of Records

(a) Name

Normalicia Flores

(b) Address (number and street)

4299 San Felipe Street

(c) City, State and ZIP Code

Houston

TX

77027

(d) Name of Employer or Principal Place of Business

MFV Civic Participation Campaign

(e) Occupation

Administrative Assistant

9. Total Donations This Statement

87350.28

10. Total Disbursements/Obligations This Statement

10000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Ulibarri Michael Jessie

SIGNATURE Electronically Filed by Ulibarri Michael Jessie

DATE 10/25/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

A. Full Name of Donor

America Votes

Mailing Address of Donor

1401 New York Ave. NW Suite 720

City

State

Zip

Washington

DC

20005

Date of Receipt

M M
0 7

D D
2 8

Y Y Y Y
2 0 1 0

Amount

84350.28

Transaction ID : F92.000001

B. Full Name of Donor

The Woman's Foundation of Colorado

Mailing Address of Donor

1901 E. Asbury

City

State

Zip

Denver

CO

80210

Date of Receipt

M M
0 7

D D
1 3

Y Y Y Y
2 0 1 0

Amount

3000.00

Transaction ID : F92.000002

SUBTOTAL of Donations This Page (optional).....

87350.28

TOTAL This Period (last page this line number only).....
(carry total from last page to Line 9)

87350.28

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

A. Full Name (Last, First, Middle Initial) of Payee Entravision Communications Corporation	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 0 / 2 0 / 2 0 1 0</div>
Mailing Address of Payee 777 Grant Street 5th Floor	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10000.00</div>
City _____ State _____ Zip Code _____	Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 0 / 2 3 / 2 0 1 0</div>
Name of Employer _____ Occupation _____	Transaction ID : F93.000001
Purpose of Disbursement (including title(s) of communication(s)) Issue Comparison: Education, Economy, et	
Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<div style="display: flex; justify-content: space-between;"> <div> SUBTOTAL of Disbursement/Obligation This Page (optional) </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10000.00</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> TOTAL This Period (last page this line number only) (carry total from last page to line 10) </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10000.00</div> </div>	